

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

BKY 04-30030

Douglas L. Fell,

**NOTICE AND OBJECTION
TO CLAIM(S)**

Debtor(s).

PLEASE TAKE NOTICE that the Court will hold a hearing on this objection on November 22, 2004, at 2:30 p.m. in Courtroom 228B, 228 Federal Bldg., 316 North Robert Street, St. Paul, Minnesota, or as soon thereafter as counsel can be heard. Responses to this objection shall be filed and delivered no later than November 11, 2004, at 2:30 p.m., which is seven (7) days before the hearing, or mailed no later than November 8, 2004, which is ten (10) days before the hearing. IF NO RESPONSE TO THIS MOTION IS TIMELY FILED THE COURT MAY GRANT THE MOTION WITHOUT A HEARING.

John A. Hedback, trustee, hereby objects to the claim(s) described below, and supports the objection(s) as follows:

1. John A. Hedback is the trustee in the above-referenced bankruptcy case. This case is pending before this Court.

2. This Court has jurisdiction over this matter under 28 U.S.C. Section 157 and 1334. This objection is brought pursuant to 11 U.S.C. ' 503, Bankruptcy Rule 3007 and Local Rule 505. This matter is a core proceeding.

3. This objection relates to the following claims:

Claim No. 4, in the amount of \$4,777.00, filed by Colleen Rickheim on May 19, 2004 seeking priority status for wages.

4. Claimant was an employee of The McSherry Group, Inc. The McSherry Group, Inc. was a Minnesota corporation. The claim should not be against Mr. Fell personally and should not be deemed a priority wage claim.

WHEREFORE, the trustee requests an order as follows:

(A) Disallowing the above claim in its entirety; and

(B) Granting any other relief the Court deems just and proper.

Dated: October 12, 2004



_____/e/ John A. Hedback_____
John A. Hedback, #142438
2855 Anthony Lane South, Suite 201
St. Anthony, MN 55418
(612) 436-3280

VERIFICATION

The undersigned being the duly appointed and acting trustee hereby verifies under penalty of perjury that the foregoing information is true and correct to the best of his knowledge, information and belief.

Dated: October 12, 2004

_____/e/ John A. Hedback_____
John A. Hedback, Trustee

UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA (ST. PAUL)		PROOF OF CLAIM
Name of Debtor DOUGLAS L FELL	Case Number 04-30030	 04-30030  5675098 <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">04 MAY 19 AM 9:19</div> <div style="text-align: center; font-weight: bold;">U.S. BANKRUPTCY COURT ST. PAUL, MN</div> <div style="text-align: center; font-size: 0.8em;">THIS SPACE FOR COURT USE ONLY</div>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): RICKHEIM COLLEEN	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent: RICKHEIM COLLEEN 2222 LEYLAND TRAIL WOODBURY MN 55125	Telephone Number: <u>651-731-4049</u>	
Account or other number by which creditor identifies debtor: <u>04-30029-DDO</u>		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>9081</u> <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: <u>12-2001 thru 1-15-2002</u>		3. If court judgment, date obtained: <u>In process.</u>
4. Total Amount of Claim at Time Case Filed: \$ _____ <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> (unsecured) (secured) (priority) (Total) </div> <u>4777.00</u> <u>4777.00</u>		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any: \$ _____	7. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>4777.00</u> Specify the priority of the claim: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		Send claims to: U.S. Bankruptcy Court 200 U.S. Courthouse 316 North Robert Street St. Paul, MN 55101
Date <u>5/18/04</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Colleen Rickheim</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

CHAPTER 7, 11 or 12 CASES filed on or after April 1, 2004

ORIGINAL

State of Minnesota
Court

Conciliation

COUNTY

JUDICIAL DISTRICT

CASE NO.

SX 03-3843

STATEMENT OF CLAIM AND SUMMONS

FILED
Court Administrator

Plaintiff #1

Name Kolleen Rickheim
 Address 2222 Leyland Trail
 City Woodbury State MN zip 55125

Defendant #1

vs.

Name Douglas L. Fell - The McSherry Group Inc.
 Address 1016 Autumn Alcove
 City Woodbury State MN zip 55125

Plaintiff #2

JUN 30 2003

Name _____
 Address _____ By _____ Deputy
 City _____ State _____ zip _____

Defendant #2

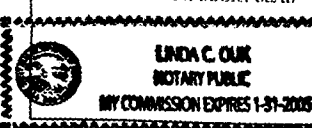
vs.

Name The McSherry Group, Inc.
 Address 1523 Selby Ave
 City St. Paul State MN zip 55116

PLAINTIFF'S STATEMENT OF CLAIM

- ☐ 1. The Defendant(s) owe(s) me \$ 3292.⁰⁰, plus filing fees and costs of \$ 1785.⁰⁰, for a total of \$ 5077.⁰⁰ because (state what happened and when it happened):
I started employment for Douglas Fell's business, The McSherry Group Inc. in September, 1999, and worked there until January 14, 2002. I left because he had not paid me any wages since the end of November 2001. He owes me wages for the month of December 2001 and the first two weeks of January 2002 plus 56 hours of vacation I had accrued.
- ☐ 2. The Defendant(s) has/have the following property that belongs to me (list property), _____
 valued at \$ _____, plus filing fees and cost of \$ _____, for a total of \$ _____
 I want the Court to order this property returned to me or make the Defendant(s) pay me for the value of the property.
3. I believe the person(s) I am suing is/are at least 18 years old and not in the military service.
4. I understand that if I do not come to court on my hearing date, my case will be dismissed and I may have to pay money to Defendant(s) on any counterclaim that has been filed.

NOTARY STAMP OR COURT SEAL



SWORN TO BEFORE ME ON:

Date: 6/23/03
 Signature: [Signature]

THE ABOVE STATEMENT OF CLAIM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature [Signature]
 Title (if representative) Local Administrator
 Telephone 651-695-2801

DO NOT WRITE BELOW THIS LINE

Requests for continuance must
 be received in writing 5 business
 days before the court date.
 No requests will be accepted
 by phone.

SUMMONS: IMPORTANT NOTICE TO THE PARTIES

You must come to court for a hearing on September 12, 2003 at 9:00 A.M. in.
 at Room 131B Courthouse (Date) 15 W Kellogg Blvd (Time) ST PAUL. If you do not come to court
 (Place/Address)
 for this hearing, you may lose the case and have to pay money to the other party. 651 266-8230 dp

Dated: _____

Court Administrator/Deputy _____

You must notify the court not less than
 5 business days if an interpreter
 is needed for the hearing.



Dispute Resolution
Center

MEDIATION AGREEMENT

In the mediation session held on 9/12, 20 03,
the parties signing below agree to the following:

974 W 7th St

St. Paul, MN 55102

651.292.7791

fax: 292-6065

The McSherry Group Inc.
agrees to pay Colleen Rickheim
Rickheim

a total amount of \$5,077.00

five thousand and seventy-seven
dollars and 0 cents in the

following timeline. The McSherry
Group Inc will send a check

in the amount of \$150.00 One

hundred and fifty dollars to Colleen
at 2222 Leyland Trail, Woodbury

by the 15th of every month until
the entire balance is paid. The

first payment of \$150.00 will be sent
by October 15th, 2003. There

will be 33 thirty three equal payments
with a remainder of \$127.00 for

the 34th payment. If parties fail to

abide by this agreement judgment may be
entered for \$5,077.00 minus any payments
received upon the filing of an affidavit.

PARTY ONE:

Colleen Rickheim

DATE:

9-12-03

PARTY TWO:

The McSherry Group, Inc. Douglas L. Fell

DATE:

9-12-03

PARTY THREE:

DATE:

PARTY FOUR:

DATE:

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

BKY 04-30030

Douglas L. Fell,

**UNSWORN DECLARATION FOR
PROOF OF SERVICE**

Debtor(s).

The undersigned, being an employee of Hedback, Arendt & Carlson, PLLC, attorneys licensed to practice law in this Court, with an office address of Suite 201 Anthony Place, 2855 Anthony Lane South, St. Anthony, MN 55113, declares that on the date below, I served the following:

1. Notice and Objection to Claim(s), together with a copy of the proofs of claims attached to the objection;
2. Proposed Order; and
3. Unsworn Declaration for Proof of Service (except as to the individual claimants, they received only a copy of their particular claim, and not a copy of all claims)

upon each of the entities named below by mailing to each of them a copy thereof by enclosing same in an envelope with first class mail postage prepaid and depositing same in the post office at St. Anthony, MN addressed to each of them as follows:

Colleen Rickheim
2222 Leyland Trail
Woodbury, MN 55125

Office of United States Trustee
1015 US Courthouse
300 South Fourth Street
Minneapolis, MN 55415

and I certify under penalty of perjury, that the foregoing is true and correct.

Dated: October 12, 2004

_____/e/ John A. Hedback_____

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

BKY 04-30030

Douglas L. Fell,

**ORDER REGARDING
CLAIM(S)**

Debtor(s).

This case came before the Court on the Trustee's objection(s) to claim(s). Appearances were noted on the record. Based on the file, record and proceedings herein,

IT IS HEREBY ORDERED:

Claim No. 4 in the amount of \$4,777.00, filed by Colleen Rickheim on May 18, 2004, is disallowed in its entirety.

BY THE COURT

Dated: _____

U.S. Bankruptcy Judge